

Internat. Marit. Health, 2006, 57, 1 - 4

COMMENTS FROM DENMARK ON TELESONOGRAPHY

HENRIK L. HANSEN ¹

Nebojša Nikolić and colleagues present in this issue of International Maritime Health an interesting study where they suggest the use of telesonography aboard merchant ships. The authors show that it actually is possible to teach students at a maritime academy on how to use advanced telesonography equipment and submit the results for further analysis ashore.

The new technology is fascinating. Seafarers at the high seas, far away from medical facilities, may have their illness diagnosed more exact via the advanced technology and assistance from shore based doctors. But as the authors mention at the end of the paper, more knowledge is needed before telesonography is ready for practical implementation aboard merchant ships.

Introduction of new technology ashore or at sea should before its use in practice pass a systematically performed health technology assessment (HTA). HTA consist of comprehensive assessment of all aspects of an existing or new medical method with regard to its value to patients, i.e. whether it can help enhance health, its risks and its impact on health service organisation and costs (1).

A maritime health technology assessment will differ from an assessment of a new technology ashore. Seafarers are primarily educated to manage the complicated tasks aboard merchant ships and the medical education will always be secondary. Strong

¹ Dr Henrik L.Hansen, Medical Officer of Health
Snoghoj, Denmark
Member and Medical Adviser for the Danish Shipping Tribunal – Health
E-mail: hlhansen@dadlnet.dk
The Danish Shipping Tribunal – Health is a Government institution which handles complaints against decisions made by medical practitioners doing pre-employment health examinations of seafarers and fishermen

priorities will have to be made when the basic training is planned. Telesonography will have to compete with ECG, X-ray, equipment for biochemical testing of blood and urine, cardiac defibrillators, special test kits to detect malaria and other disease, and possibilities of sending pictures and video transmissions. We would also like the officers to be able to make rather complicated examinations of eyes, throat and the abdomen and teach them how to remove foreign bodies from the eyes, give injections and intravenous fluids, have knowledge on medicines and perform cardiac resuscitation. All to be learned in a week or two. Besides the medical priorities, the economic aspects also have to be taken into consideration. Although medical merchandise have become cheaper, to total costs may not be insignificant.

Seafarers are fortunately unlikely to get a lot of medical experience while at sea. Small crews and healthy seafarers decrease the need for medical assistance at sea. This raises the question on how to maintain the medical skills of seafarers. Regularly training courses are the only possibility and as these generally are shorter than the basic training, even more though priorities have to be made.

Technology may be fascinating. The cornerstone of medical services at sea are although for some time likely to be the well trained medical officer being able to make a medical history, make a systematic clinical examination and report the results to doctors ashore who are to make the diagnosis and decide on treatment.

1. National Library of Medicine. Health Services/Technology Assessment Text (HSTAT). <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat>